



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

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August 2, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AUGMENTATION OF CHRONIC DISEASE PREVENTION PROGRAM IN PUBLIC HEALTH
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize the Department of Health Services to implement a \$2.45 million augmentation of Chronic Disease Prevention programs in the Department of Health Services (Department or DHS), Public Health, including Women's Health and Senior Health, 100% offset by new and ongoing revenues received by participation in the Medi-Cal Administrative Activities (MAA) program.
2. Authorize the Department to fill twenty three (23.0) new Full Time Equivalent (FTE) positions for one (1) Chief Physician II, one (1) Senior Physician, one (1) Physician Specialist, M.D., one (1) Nursing Care Specialist I, one (1) Public Health Nurse, two (2) Senior Staff Analyst, three (3) Staff Analyst, HS, one (1) Chief Research Analyst, one (1) Research Analyst III, one (1) Research Analyst II, one (1) Exercise Physiology Technician, one (1) Health Educator, one (1) Administrative Assistant II, one (1) Senior Secretary II, one (1) Secretary III, one (1) Supervising Patient Financial Services Worker I, and four (4) Patient Resources Workers, in excess of what is provided in the Department of Health Services' staffing ordinance pursuant to Section 6.06.020 of the County Code subject to allocation by the Department of Human Resources, 100% offset by MAA revenues.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:

Approval of the recommended actions will allow the DHS to augment Chronic Disease Prevention programs in Public Health in the Department of Health Services, focusing on such chronic diseases as heart disease, stroke, and diabetes.

Los Angeles County is currently facing epidemics of obesity, diabetes, and other chronic conditions. Among adults, diabetes deaths have increased 53% over the past 10 years and obesity rates have nearly doubled. During the past decade, overweight rates have increased by 45% among children and diabetes rates have increased 10 times among adolescents. As these youth become adults, the increasing rates of obesity and diabetes among youth could translate into staggering rates of heart disease, stroke, disability, and other related conditions. Chronic diseases such as heart disease, stroke, diabetes, cancer, and chronic respiratory conditions account for four out of every five deaths in Los Angeles County. In 2001, chronic diseases cost our county approximately \$47.9 billion in health care costs.

The Board of Supervisors has approved the Blue Ribbon Taskforce on Children and Youth Physical Fitness, the Strategic Plan for Disabled and Aged Adults, and other measures to control chronic disease. However, no specific funding has supported the actions recommended in these measures. Though 80% of deaths in the County are due to chronic disease, only about 8% of the Public Health budget is specifically earmarked for chronic disease prevention.

The Department began participation in the MAA program for Public Health in FY 2002-03. Claiming plans have now been approved and prior year's revenues are now being received. Ongoing MAA reimbursement is estimated at \$2.7 – 3.2 million per year. The Department is requesting Board approval to use these revenues to offset costs for programs that are focused on chronic disease prevention.

FISCAL IMPACT/FINANCING:

The total costs for the augmentation of Chronic Disease Prevention programs for Fiscal Year 2005-06 are \$2.45 million, 100% offset by new revenue received from the MAA claiming program (Attachment A).

The Department is working with the Chief Administrative Office to include funding for this program in the Fiscal Year 2005-06 Supplemental Budget Request.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

MAA revenues match local expenditures for Medi-Cal administrative activities, such as outreach and enrollment for Medi-Cal and planning for services for Medi-Cal recipients. There are no restrictions on how these revenues may be used. Funds will be used for additional staff, supplies, and contracted services with community-based organizations.

Although the MAA program is ongoing, it could be affected by federal efforts to reduce Medicaid expenditures. Therefore, the positions funded in this augmentation will be labeled as if they were grant funded, so that if the MAA revenue declines or stops, the program will be treated equivalently to grant-funded programs.

Proposed activities are described below.

Enhance Chronic Disease Prevention Capacity and Effectiveness

DHS will enhance chronic disease prevention efforts within DHS by better coordinating existing programs and services within a Chronic Disease Prevention Unit. The unit will provide leadership, consultation, and grant-seeking to support DHS partnerships with other county agencies, private health care providers, community-based organizations, schools, and employers to prevent chronic disease. A central chronic disease unit that coordinates community-wide campaigns to prevent chronic disease can achieve measurable improvements in blood cholesterol levels, blood pressure, and smoking rates.

Invest in Chronic Disease Prevention Pilot Projects in Five Communities

The Chronic Disease Prevention Unit will release a request for proposals (RFP) for five community-based pilot projects of three to five years duration, geographically dispersed in the county, to address defined chronic disease problems, such as the growing rates of diabetes and its adverse health effects. Community pilot projects are needed to encourage local solutions among communities with the greatest need and to develop models of prevention that other communities can adopt.

Launch "Prevention Matters," a Heart Health Program for Women

Heart disease is the leading cause of premature death and disability among women in Los Angeles County. The Office of Women's Health (OWH) is launching a multi-year "Prevention Matters" campaign with a focus on heart health. This multi-cultural, multi-lingual campaign will target low-income women and promotes prevention by educating individuals and communities on healthy lifestyles, removing barriers to preventive services, and advocating for appropriate policy opportunities. A key strategy is to identify and link low-income women who present for breast or cervical screenings with an individualized risk assessment for heart health and appropriate screenings, education, and referrals. The proposed funding, in addition to funding from other sources, will allow DHS to utilize a staff with established expertise in cervical and breast cancer prevention towards work on the Prevention Matters campaign. This staff would otherwise be lost without continued funding.

Improve the Health of Seniors

The Office of Senior Health, which is part of the Los Angeles County Strategic Plan for Aged and Disabled Adults, will coordinate DHS efforts to improve the health of the fastest growing segment of the county population. The risks of chronic disease-related disability and social isolation increase with age as does the need for medical and social services. Programs that integrate medical care, nutrition services, social support, and physical activity improve health, maintain independent function, and reduce costs.

CONTRACTING PROCESS

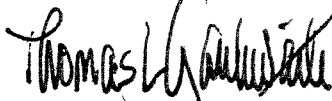
A competitive process will be used to select community providers for pilot projects.

The Honorable Board of Supervisors
August 2, 2005
Page 4

IMPACT ON CURRENT SERVICES (OR PROJECT):

Services for chronic disease prevention will increase significantly in DHS Public Health.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thomas L. Garthwaite".

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:jfs

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
CHRONIC DISEASE PREVENTION PROGRAM
FISCAL YEAR 2005-06

	<u>BUDGETED POSITIONS</u>	<u>ANNUAL BUDGET</u>
PERSONNEL:		
CHIEF PHYSICIAN II, MD	1	\$ 141,444
SENIOR PHYSICIAN, MD	1	130,380
PHYSICIAN SPEC., MD, INT MED - 2	1	129,732
NURSING CARE SPEC. I	1	63,216
PUBLIC HEALTH NURSE	1	63,840
SR STAFF ANAL., HLTH	2	176,670
STAFF ANALYST, HEALTH	3	230,979
CHF RESRCH ANAL., BHS	1	73,107
RESEARCH ANAL. III, BHS	1	65,751
RESEARCH ANAL. II, BHS	1	54,249
EXERCISE PHYSIOLOGY TECH	1	58,992
HEALTH EDUCATOR	1	53,450
ADMINISTRATIVE ASST II	1	52,016
SENIOR SECRETARY II	1	46,693
SECRETARY III	1	40,644
SUPV PFSW I	1	44,138
PATIENT RES. WKR	4	131,917
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TOTAL SALARIES	23	\$ 1,557,218
LESS: SALARY SAVINGS @10.03%		156,189
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NET SALARIES		\$ 1,401,029
EMPLOYEE BENEFITS @ 19.54%		273,829
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TOTAL SALARY & EMPLOYEE BENEFITS		\$ 1,674,858
 OPERATING EXPENSE:		
S & S - COMMUNITY CONTRACTS		750,000
S & S - OTHERS		25,142
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TOTAL OPERATING EXPENSE		\$ 775,142
 TOTAL BUDGET		 \$ 2,450,000
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